FOR - STATE

24 FUNERAL DIRECTOR

BRADSHAWY SONS

DHMH - 16 50M 7/77

(VR A 15 (4))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE

PATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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The Court of Contract	WAR TANKE

Hem !!	for	2	11-	STATE OF MARYLAND OR DEPARTMENT OF HEALTH AND MENTAL HYGIEDE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.										3	3			
	POL SES	EI,		CEASED NAME E OR PRINTS	Ann	ie Su	eval v e	1	Beck e	tt	2	DATE K OF DEATH	NOWN A	MONTH 9	1°o	YEAR 1981	26 HOUR 5 A	
71-	TO THE PERSON NAMED IN	ON STR		male	Black	S. DATE OF BIRTH	1881 100	PAY) MONT		IF UNDER 2	24 HRS. 2 MIN. P	DATE RONOUN DEAD	CED	MONTH 9	DAY	YEAR 1981	24 HOUR 8 A	
		35	1/1	RTHPLACE (ST REIGN COUNTRY) ALYLAT	nd	76 CITIZEN OF WE		WIDOW	ED	VER MARRIE DIVORCE			orces	_	TY OF D	EATH	MD	
	PAGE PAGE BE FILED	00		Stock	ton	(IF NOT IN SUCH FAI	PITAL, NURSING HOM CILITY GIVE STREET ADDRESS	Stor		nd.	120 USUA FORMO HOT	STOFWORK	ATION (TYPE (ING LIEE) OPK	OF WORK	12b KIN OR	ID OF BU	SINESS	
21201	AND 3 TO RETAIN PA	STORING STORING	13a S	Md.	IF IN NURSING HOME	or other institution, GA Cester	130. CITY OR TOWN	(NOIS		NO 🚰	R TREE	1 ADDRES	s 13	0 S	toc	ktor	Md.	
SRE AND	DEATH. GES 1, 2, M PM 3 AND 2	230	7	Jam es		MIRALE.	Dowglas		S	R'S MAIDEN arah	N NAME	MIC	DOLE		Selby			
BALTIMORE MD	S AFTER GIVE PA TH FOR	DIVISION OF VITAL	16a. V	VAS DECEASED	EVER IN U.S. AR	RMED FORCES? E WAR OR DATES)	220-01-3		17. INFORM	eval	e B	ecke	ADDREST tt	·sto	o CR	¥1330	Md.	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.	UTED WITHIN 24 HOUR IN PENCIL IN ITEM 18. EXAMINER ALONG W RIAL-TRANSIT PERMIT.	OF HEALTH AND MENTAL HYGIENE, D IRIAL, CREMATION, OR REMOVAL.		Condition gove ris	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(b) DUE TO, OR	for (o), (b), and (c).) APQÎO - Y AS A CONSEQUENCE AS A CONSEQUENCE	OF	rato	ry ce	essa	tion			APP BELW	PROXIMATE EEN ONSE IMM & O	INTERVAL AND DEATH	
CORDS	D BE EXECTED MEDING	REMATIO	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to Linanition for several months														
VITALRI	SHOULD ORD "PE CHIEF A	BURIAL, C	TIFICAT	196. DATE OF		19b. CONDIT	ION FOR WHICH OPE	ration w	AS PERFOR/	MED?						UTOPSY?	NO K	
ONO	IIS CERTIFICATE SH VRITING THE WOR ARDED TO THE CH GE 3 SHOULD BE U	불우스	MEDICAL CERTIFICATION	UNDERLYING CONTRIBUTIN	IG CAUSE OF	DEATH P.M.	MONTH DAY YEA	21c. HC	W INJURY	OCCURRED	(ENTER NA	TURE OF INJUI	RY IN ITEM 18 PA	RT 1 OR PAR	श 2]			
DIVIS	E. THIS CER RWARDED PAGE 3 SI	21201 PRIOR	MED	214 INJURY O WHILE AT WORK	CCURRED NOT WHILE AT WORK		OF INJURY (AT HOME, ORY, FARM, ETC.)		ATION TREET			CITY OR TOW	N	cou	UNTY		STATE	
•	TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WAS PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE	IMORE, MARYLAND, 2	1		y that I took charged from: Natural	ral couses X,	Accident . So	Autop:	Hamici TITLE (SF	Stifty	Undeter	Inquiry [ner,	DATE SIGNE	9 -	- 11	-81	
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F.		CEASED NAME FIRST OR PRINT)	MIDDLE	LAST	2a. DATE OF DEATH	MONTH DAY		2b. HOUR
1	3. SE)	EDNA	1 PACE	BASSETT Is. DATE OF BIRTH	6. AGE LIN YEARS LAST BIRTI	9 18		/: 45A
1)	J. 3L/	FEMALE	WHITE	7 22 1884	97	YRS.	DAYS	HOURS MIN
5	la. Bi	RTHPLACE (STATE OR FOREIGN)	b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. BALTIMORE CITY OF	R COUNTY OF DE		1,000
10		MARYLAND	AM UNH,	WIDOWED XX DIVORCED	WORCESTER			٨
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36	USU/ 13a S	TATE 13b. COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE TY 130. CITY OR TOWN RCESTER OCEAN	CITY 13d. INSIDE CITY LIMITS?	RT.1, BOX	3075.0).C.	,MD.
30	16a V	Martin VAS DECEASED EVER IN U.S. ARA	MAR OR DATES		ADDRES	SS	N-SC	
		NO -	213 – 48 ·		JRSING HOM			URS . H
	NOI	Canditions, if any, which gove rise to immediate cause (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO D	NCE OF	INAL DISEASE OR COND	DITION GIVEN IN F	PART I(o	
9	CERTIFICATION	19g. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING O		
9		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR	PART 2)	
	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	211 LOCATION	CITY OR TOV	WH CO	UNTY	STATE
		22a. I certify that (1) (this hospit saw the deceased alive an above. (1) (we) (did) (did not	al) attended the deceosed from	, 19, ond that in (my) (our) opinion of	, to death accurred on the da			not (I) (we) lo auses stated IGNED
The state of the s		J. FRANCE	S WARREN. M.D.	ATTENDING PHYSICIAN C		BERLIN.	9-1 MD	.218
-110	(BURIAL, CREMATION, REMOVAL		LEYAYEEN COMETERS	Berly	Wari	TY ()	Male
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والا	New States	FC	RTHPLACE (STAT REIGN COUNTRY) Maryla	nd	U.S.A.		8. MARRIED D	NEVER MARRIED DIVORCED	BALTEMO	RECITY OR COU	NTY OF DEA	TH MD.
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DRE, MD.	FTER DEATH. IF A FORM PM 3. R FORM PM 3. R SES 1 (ND 2 SH ION OF VITAL RE]	rving		WIDDLE	Bennett	E	HER'S MAIDEN N	th		Rowl	ey
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STON ST., I	WER: THIS CRITIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH CATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM CAS PAGE 3 SHOULD BE USED AS A BURBIAL. TRANSIT PERMIT. PAGES 1 AND PRESATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH AND, 21201 PRIQR TO BURIAL, CREMATION, OR REMOVAL.		410	TH WAS CAUSED IMMEDIAT	BY: E CAUSE (a)	for (a), (b), and (c).) Myocard: AS A CONSEQUENCE		rction			BETWEEN	ediate
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ONOF	FICATE STATE WOULD BE WATMENT		210 EXTERNAL UNDERLYING CONTRIBUTING	attitus.		MONTH DAY YEA	R 21c. HOW INJUI	RY OCCURRED (E	NTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR	PART 2)	
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•	TO MEDICAL EXAMINER: THIS CERTIFIC EXECUTE THE CERTIFICATE, WRITING TH PAGE 4 SHOULD BE FORWARDED TO TO FUNERAL DIRECTOR: PAGE 3 SHOU BATTER DEATH, WITH THE STATE DEPARTIBLE BALTIMORE, MARYLAND, 21201 PRICK		death resulted ACTUAL SIGNATURE	Seetly	al causes 🗓 .	furith	M.D.	SPECIFY)	Inquiry Undetermined manu	DAT NER SIG	E NED 9-1	-51
	EXECT EXECT PAGE TO FI	230.B		ON, REMOVAL 2		23c. NAME OF CE	M . D . ADDRESS	TORY 2	MONS ST	C	DUNTY	STATE
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21201	F ANY DELAY IS NECESSARY PLEAR AND 3 TO THE FUNERAL DRECTOR RETAIN PAGE 5 EOR YOUR PHOULD BE FILED, WITHIN 72 HOUR RECORDS, 201 W PRESTON STREE	13a. S	AL RESIDENCE TATE Md.	(IF IN NURSING HOME O 13b COUNT WORC	r other institution ry ester	13c. CITY	OR TOWN	N)	13d. INSIDE CI	ITY LIMITS?		ET ADDRE							
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7	AND		George	W	•	В	Booth			Esther					Ewell				
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0. 0.	A A NEW CITY	-		is, if any, which ie to immediate	(b)	Нуре	rtensi	on							Se	ev.	vr.		
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DIVISION OF	G THE TO	MEDICAL (NG CAUSE OF D	EATH P	.M. MONTH	19												
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) DEATH MATED BARBARA BUSHNELL 9-20-8 119 3 SEX 4 RACE 6: AGE (IN YEARS | IF UNDER TYR. IF UNDER 24 HRS. DAY DATE 26 428 YEAR LAST BIRTHDAY) PRONOUNCED Aug. 5.196 DEAD white 19 9-20-8119 female D M 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Virginia United States WIDOWED DIVORCED Worcester County 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS FOR MOST OF WORKING LIFE OR INDUSTRY Ocean City 17th St.&St.Louis Avenue Student Education 3a STATE 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Marvland Montgomery 5008 Hampden Lane Bethesda NO [] 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST LAST MIDDLE LAST Guy N. Bushnell Ann Cissel 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 16b. SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Ann C. Bushnell. Mother. No 230-84-3580 Same as item #13 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Incised wound of neck DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 ED AS A B CERTIFICATION USED / 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD TO PACE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED ATTER DEATH, WITH THE STATE DEPARTMENT OF HE BALLIMORE, MARYLAND, 21201 PRIOR, TO BURIAL. YESXX NO 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH UNDERLYING TO 19-8 subject cut in neck CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. in car at NOT WHILE XX 17th St. &St. Louis "AVE" Ocean City" Maryland AT WORK AT WORK 22a I certify that I took charge of the remains described above, held an Autopsy XX Inspection Inquiry and in my apinian Natural causes Hamicide X Undetermined manner TITLE (SPECIFY) DATE 9-21-81 Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Margarita A. Morell.M.D. Penn Street ADDRESS 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION ept COUNTY STATE Buria1 St. Mark's Maryland Cemetery Highland BP. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256. REGISTRAR'S SIGNATUR Robert Poumphrey Funeral **DHMH-17** (VR A15 ME (5) P . A . , Homes. Bethesda. Maryland

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STATE OF MARYLAND

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	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS 2 4 9 4 0
1-	STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.
	CEASED NAME PE OR PRINT) TOHN ROSS CHAMBERS, JR. 10. DATE KNOWN MONTH DAY YEAR 76. HOUR OF ESTI- DEATH MATED X 9/1319 81 104 X 1 RACE S. DATE OF BIRTH MONTH DAY YEAR 124. HOUR LAST BIRTHDAY) MONTHS DAYS HOUR RONDOUNCED RONDOUNCED RONDOUNCED RONDOUNCED
FC	IRTHPLACE (STATE OR The CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH
10.C	Im., Delaware USA WIDOWED DIMORCED WORKES TERN NOT TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION III. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION III. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION III. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION IF HOST IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY Construction OF HOSPITAL ADDRESS OR INDUSTRY OF WALL Finisher Construction OF HOSPITAL ADDRESS OR INDUSTRY OF HOSPITAL ADDRESS O
130. S N	AL RESIDENCE (IF IN NURSING NOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 134 COUNTY 136. CITY OR TOWN WEW Jersey Salem Pennsville YES NO Valley Court Apartments
	ATHER'S NAME FIRST John R. Chambers, Sr. Joan MIDDLE LAST John Science First John R. Chambers WAS DECEASED EVER IN U.S. ARMED FORCES? INS. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS PORCEY: 110.
(1	No Unavailable John R. Chambers, Sr., New Jersey
7	APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: CARDIO — PULMONARY ARREST IMMEDIATE CAUSE (o) Conditions, if ony, which gave rise to immediate couse (o) stoting the under- lying couse lost. CARDIO — PULMONARY ARREST APPROXIMATE INTERVAL BETWEFN ONSET AND DEAT APPROXIMATE INTERVAL BETWEFN ONSET AND DEAT OUE TO, OR AS A CONSEQUENCE OF (b) FRACTURE OF NECK DUE TO, OR AS A CONSEQUENCE OF (c) AUTOMOBILE — PEDESTRIAN ACCIDENT
CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10). FX of Femure + Tibia-fibular bones Lett extrem; ty 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? YES NO []
MEDICAL CER	216 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 9/3 198/ 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) **THE OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 9/13 198/ 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) **THE OF INJURY OCCURRED P.M. 9/13 198/ 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) **THE OF INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) **THE OF INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) **THE OF INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) **THE OF INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) **THE OF INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) **THE OF INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) **THE OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) **THE OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) **THE OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) **THE OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) **THE OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) **THE OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) **THE OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) **THE OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) **THE OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) **THE OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) **THE OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) **THE OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) **THE OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) **THE OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) **THE OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) **THE OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) **THE OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART
3	22a. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . ond in my opinion death resulted from: Natural courses . Accident . Suicide . Homicide . Undetermined manner .
2 2 73a.B	EXAMINER'S NAME TIMOTHY E. BAINWM M.D. DEPUTY MEDICAL EXAMINER SIGNED 913/8/ (TYPE OR PRINT) TIMOTHY E. BAINWM ADDRESS 16 + Phila. Occan City, Md. 19
23a.B	URIAL, CREMATION, REMOVAL 236. DATE SPECIFY) Burial 9/17/81 Gracelawn Mem. Park 23d. LOCATION CITY OF TOWN Nr. New Castle, Delaware
	UNERAL DIRECTOR NAME LARKH FUNERAL LODRESS DECLIA MP. 250. DATE REC'D. BY REGISTRAR'S SIGNATURE NAME LARKH FUNERAL LODRESS DECLIA MP. 250. DATE REC'D. BY REGISTRAR'S SIGNATURE NAME LARKH FUNERAL LODRESS DECLIA MP. 250. DATE REC'D. BY REGISTRAR'S SIGNATURE NAME LARKH FUNERAL LODRESS DECLIA MP. 250. DATE REC'D. BY REGISTRAR'S SIGNATURE NAME LARKH FUNERAL LODRESS DECLIA MP. 250. DATE REC'D. BY REGISTRAR'S SIGNATURE NAME LARKH FUNERAL LODRESS DECLIA MP. 250. DATE REC'D. BY REGISTRAR'S SIGNATURE NAME LARKH FUNERAL LODRESS DECLIA MP. 250. DATE REC'D. BY REGISTRAR'S SIGNATURE NAME LARKH FUNERAL LODRESS DECLIA MP. 250. DATE REC'D. BY REGISTRAR'S SIGNATURE NAME LARKH FUNERAL LODRESS DECLIA MP. 250. DATE REC'D. BY REGISTRAR'S SIGNATURE NAME LARKH FUNERAL LODRESS DECLIA MP. 250. DATE REC'D. BY REGISTRAR'S SIGNATURE NAME LARKH FUNERAL LODRESS DECLIA MP. 250. DATE REC'D. BY REGISTRAR'S SIGNATURE NAME LARKH FUNERAL LODRESS DECLIA MP. 250. DATE REC'D. BY REGISTRAR'S SIGNATURE NAME LARKH FUNERAL LODRESS DECLIA MP. 250. DATE REC'D. BY REGISTRAR'S SIGNATURE NAME LODRESS DATE REC'D. BY REC'D. BY REGISTRAR'S SIGNATURE NAME LODRESS DATE REC'D. BY REC'D. BY REGISTRAR'S SIGNA

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages, Lond 2 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 21 is marked or wem 38 shows ony injury, ar ather traumatic event, the medical exami

her mist be notified on once.

	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENTA
- STATE	CERTIFICATE OF DEATH

L HYGIENE

		REGISTRAR			CERTIF	ICATE OF DE	HTA	REG. N	IO.			
		CEASED NAME FIRST		MIDDLE	0'	AST		20. DATE OF DEATH		DAY YEAR	2b. HOU	400 4
)		CSH	er		Co	stello			9	9 81	3	50 AM
	3 SE	X	4 RACE		5. DATE C		YEAR	6. AGE (IN YEARS LAST BI		IF UNDER I YEAR	IF UNDER HOURS	24 HRS
,		temale	Wh	ite	3	3	05	76	YRS.			
//	C	RTHPLACE (STATE OR FOREIGN OUNTRY)	7b. CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MA	ARRIED .	9 BALTIMORE CITY	OR COUNTY	OF DEATH		
20		TINOCSOTA	U.	O. H.	WIDOWE		ORCED	Word	e5+e	7	E BUICH IE	MD.
3	1	III OK IOWN OF DEATH		H FACILITY, GIVE STREET	TADDRESS)	11	THE	120. USUAL OCCUPAT		12b. KIND C INDIGSTRY	F BUSINE	SSOR
12	WSU.	LESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFOR	WOING	Hor	ne	mouse	DIte	- Oun	HAM	-
5	A	13h GOUN	ester	SAURY	4/11	T36 INSIDE CIT	Y LIMITS?	13e STREET ADDRESS	hurch	54		
2	14. FA	THER'S NAMES	HIDDLE	IA JAST/		15 MOTHER'S /		AE MIDDLE) PIES	LAS	it.	-17
2		Impala		Matthe	11		Mary			Make	ropes	11
1		NAS DECEASED EVER IN U.S. AR	WAR OR DATED	166 SOCIAL SECT		17 INFORMAN	1	ADDR			. 1	311.
-		NA	_	332-10	-2918	John	L.Co	stello 11	ON.Ch	1 4	nc.tr	autil
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly ane cause per D BY:	A/	100	1.5	TIC	= 1/ A		BETWEEN	MATE INTER	DEATH
		IMMEDIAT	E CAUSE (0)	Comp	1075	DVE	10	0 . 15		4	ary	2
	30	4029	DUE TO O	RAS A CONSEQU	ENCE OF	LADTE	11/15/	LERAIL O	MODIL	VASCIA	NO I	5101
15		Canditions, if any, which gove rise to immediate	b)#	TYPER ()	210117	-VAIR IT	7.00	2011	JIC PII	10,00	11/1	771-7
		couse (0), stating the underlying cause last	DUE TO, O	R AS A CONSEQU	ENCE OF							
		PART 2. OTHER SIGNIFICANT C	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED T	O THE TERMI	NAL DISEASE OR CON	DITION GIVI	EN IN PART 10	n.l	=
	NO.	PREPIOUS	TEL.	THE	mip	154115						
1	CERTIFICATION	190 DATE OF OPERATION	19b. COND	TION FOR WHICH	OPERATIO	WAS PERFOR	MED	20e AUTOPSY?		, WERE FINDIN		
6	TIF					Day of M		YES NOW		5 []	NO [
1		21g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	110010 4	FINJURY M. MONTH D	AY YEAR	21¢ HOW INJU	JRY OCCURR	ED (ENTER NATURE OF INJU	IRY IN ITEM 18, PA	ART 1 OR PART 2)	1:80	850
	ICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.		19							
	MEDI	216 INJURY OCCURRED WHILE NOT WHILE	(AT HOME, STE	OF INJURY EET, FACTORY, OFFICE,	FARM, ETC.)	211. LOCATION STREET	1	CITY OR TO	WN	COUNTY	ST	ATE
		AT WORK AT WORK				1.00		0 - 0	-01			
		22a.1 certify that (1) (this hospit saw the decreased alive on	ol) attended th	e deceased fram	/	debat in Imul la	. 19	leath occurred on the c	-8/.		that (I) (*	,
	1	obove (I) (we) (did) (old no	view the body	after death		DEGREE	opinion a	ream occurred on the c	ate and hour		100	ted
	12	Topush	JAI	mar, M	P.	AT	TENDING X	MEDICAL STA		22c. DATE	9/8	3
,		22 PHYSICIAN'S NAME (TYPE OF	R PRINT)			22e ADDRESS				- /	1	
/		Robert Lama	ar M.D.			104 No	rth Ba	y St., Sno	w Hill	, MD. 2	21863	
	23a E	BURIAL, CREMATION, REMOVAL	236 DATE		NAME OF C	EMETERY OR CR	EMATORY	236 LOCATION		COUNTY 4	STA	TE
	L.	REMMUZI	19-9-	8/ 1	lesa	ba Fun	42/H	sac Hibl	ing	141000	Set	2
	24. FI	UNERAL DIRECTOR		ADDRESS	1111	. /	250 DATE	REC'D. BY REGISTRAF	IST REGIST	ARSSICNA	URE	
	1	Orman F. Del	mic S	now H	11.14	111.	STL	14 1301		01		

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And the same there against the Some Hill 23/3 Beir St. Middle Fee Startfree Mary Land Wherester Scar Hill - 323 To It St. Verilliam Stewart some Custis A ? SEPERSON FINE V Hilland, Same Hill Hell ACUTE AMOUREABLE LAYERSETION IS NOTED APPTERIOSCLERATE CHRINGITS OLDER DISTAR 10 YAS 14 SO Jupi 27 81 Wast to Falmy up x 9/22/8 Full St. L. 18-218-81 Spende Bapt of Stille H. Harrison MIT THE MERCHANISM Numer 20 K Degrees Snew Hill Mid

1	1	FOR		n	EPARTMENT		AARYLAND	AL HYGIE	NE I	2 4	9 4	3
B	11-	STATE REGISTRAR			ICAL EXAM				ATH	6.4 T		
(38)		CEASED NAM	E FIRST		WIDDLE		LAST		20. DATE KNOW		DAY YEAR	2b. HOUR
Savie -	(1)	PE OK PRINT)	She	Idon	E.	(Gernert		OF ESTI- DEATH MATED		10 1981	
ALT OF	3. SE	X	4. RACE	5. DATE OF BIRTH	6. AGE	IN YEARS IF UN	IDER 1 YR. IF U	NDER 24 HRS	S. 2c. DATE	HTMOM	DAY YEAR	26 HOUR
ON STATE		Male	White	Nov. 17	1922 58		HS DAYS HOL	RS MIN.	DEAD	9	10 1981	P.M
FOR A WITHIN	Jal B	IRTHPLACE (S	TATE OR	76. CITIZEN OF WH.	AT COUNTRY?	8. MARR	IED NEVER A	AARRIED [9. BALTIMORE CI	TY OR COUN	TY OF DEATH	
	5	Penna.		U.S.A.		WIDOW		VORCED [Worceste			MD
A PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	2	ITY OR TOWN		11. NAME OF HOSP	ILITY, GIVE STREET ADDR	ESS)	_	FC	SUAL OCCUPATION OR MOST OF WORKING LIFE)		OR INDUST	USINESS TRY
A DE LA SECTION		Ocean C			001 Phil		ia Avenu	e	Welder			
S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DEL RITING THE WORD. THE WORD "IN PENCIL IN 1 ITEM 18. GIVE PAGES." 2, AND 3 TO RECHE MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN PER 3 SHOULD BE USED AS A BURRAL—TRANSIT PERMIT. PAGES I AND 2 SHOULD BE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORD OF PRIOR TO BURRAL, CREMATION, OR REMOVAL.		Penna.	(IF IN NURSING	OR OTHER INSTITUTION, GIVE	13c. CITY OR TOV	VN	13d INSIDE CITY LIA	1175? 13 e. S	TREET ADDRESS		19530	
MD.	14. F	ATHER'S NAME	1	MIDDLE	LAST		15. MOTHER'S /	AAIDEN NA/	ME MIDDLE		Tast	
DEATH GES 1, AND 2	4	Edmond		D.	Gerner	t		ssie	MIDDLE	Ge	ambler	
C., BALTIMORE, M URS AFTER DEATH WIN PORM PM IT. PAGES 1 AND DIVISION OF VIE	160.	WAS DECEASE	DEVER IN U.S. A	ARMED FORCES?	16b. SOCIAL SEC		17. INFORMAN	MITTE	ADD		19530	
URS AFT URS AFT WITH F WITH PAGE DIVISIO	Y	es	W	W II	179-12-	1334	Leah M.	Gerne	ert RFD #1	Kutzto	own, Pen	na
HOURE M 18. O VG WI RMIT. P INE, DI		18 CAUSE O	F DEATH (Enter	only one cause per line f		.)					APPROXIMAT BETWEEN ONSE	E INTERVAL T AND DEATH
TED WITHIN 24 HOUI N PERCIL IN ITEM 18, AXAMINER, LINER 18, AXAMINER, ERMIT, MENTAL HYGIENE, IN, OR REMOVAL.		910		IATE CAUSE (a)	rowning							
EST IN IN I	1>	Condition	ns, if ony, whi		AS A CONSEQUEN	NCE OF					100	
WITH WITH WINE WALAL	-	gove n	se to immedia	ite (b)	AS A CONSEQUEN	165.05						
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L RECORDS, 201 W. PREST ULD BE EXECUTED WITHIN: WENDING: IN PENCIL IN FF MEDICAL EXAMINER AL ED AS A BURAL - TRANSIT HEATTH AND MENTAL HY L CREMATION, OR REMO		PART 2 OTHER SI	GNIFICANT CONDITIO	NS CONTRIBUTING TO OEATH BE	IT NOT PELATED TO THE	TERMINAL DICEASE	C OR CONOITION CIVE	N IN DARY 1				
FECORDS, D BE EXEC ENDING" REDICAL AS A BUI REALTH AN CREMATI	Z			clerotic Ca				NIN PARI I IQ.				
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S CERTIFICATE SHOULD STRING THE WORD "PER RITING THE WORD "PER SE SHOULD BE USED A E DEPARTMENT OF HEA OI PRIOR TO BURIAL,	CERTIFICATION										YES XX	NO 🗆
OF V THE OILD BE MEN TO BE	3 8		AL CAUSE WAS	21b. TIME OF	MONTH DAY	VEAD 21c. HO	OW INJURY OCC	URRED LENT	ER NATURE OF INJURY IN ITE	M 18 PART 1 OR PA		
OR THE CARTA	3		NG CAUSE O	F DEATH 2: 11 P.M.	9 10 1	81 su	ubject w	as pul	led from t	the wat	er	
VISION OF PRINCIPAL PRINCI	MEDICAL	21d. INJURY C		STREET FACTO	F INJURY (AT HOADRY, FARM, ETC.)	AE. 21f. LO	CATION		CITY OR TOWN	co	DUNTY	STATE
WRI VARE	1	AT WORK	NOT WHILE AT WORK	Wa wa	ter	100) Phila	delphi	a Ave., Oce	∍an Cit	y, Worce:	ster
DIVIS EXAMINER: THIS CER. CERTIFICATE, WITIN JOIN BE FORWARDED JOIN BE FORWARDED JOIN BE TO BE FORWARDED JOIN BE TO BE FORWARDED JOIN BE TO BE FORWARDED MARKLAND, 21201 PR		226. I certi	fy that I taak cha	arge of the remains desc	ribed above, held	on Autap	sy 💹, Insj	pection .	Inquiry ,	and in my or	pinion Co.,	Md.
NAME AND THE STATE OF THE STATE	13	death result	ed from: Na	itural couses ,	Accident X,	Suicide	, Homicide	, Und	letermined manner			
EXAMINE CERTIFICATION OF BE DIRECTORY WARYL		ACTUAL	11.	P10.	0.		TITLE (SPECI				0.11	0.1
PHEN HALL	-	SIGNATURE.	mrz	ma kevo	ian		D. Assis	tant MI	EDICAL EXAMINER	DATE SIGNE	9-11-	-81
NO DE	2 -	EXAMINER'S	NAME VI	rainia I	olan M	0		II Don	n Ctroot			
TO MEDICAL EXAMINER: THIS C EXECUTE THE CERTIFICATE, WRIT PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 21201	22.0	(TYPE OR PRI		rginia L. D			ADDRESS		n Street			
- W - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4	230.6		TION, REMOVAL rial	Sep 14 198		Cemete			LOCATION ITY OR TOWN Kutztown	Mon	vland s	STATE
BP		UNERAL DIREC	TOR				25a. [BY REGISTRAR 256. F		V	
DHMH - 17 (VR A15 ME (5))		Leonard	J. Ruc	k, Inc. Ba	ltimore,	Maryla	and SE	141	981 Tranca	Jan	Mathen	

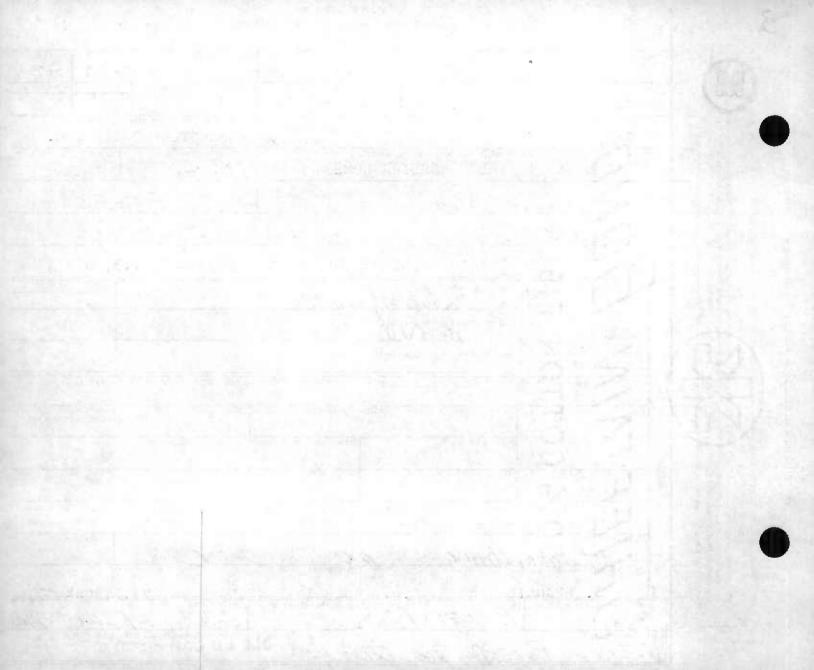
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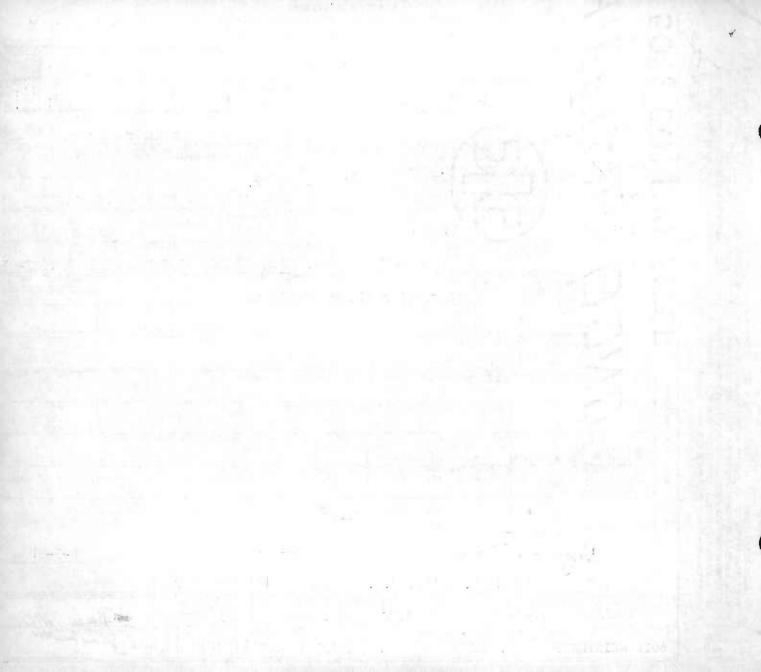
7	1	FOR ~ STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENES 1 2 4 9 4 4
	11.0	PECEASED NAME FIRST	WIDOLE	LAST	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
9e 3	N	Hildo	n Gard	Guv	9-4-8/ 7:30 %
ê a l	3.5	EX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4	-	Male	Caucasian	08 30 1895	86 YRS MONTHS DAYS HOURS MIN.
Po Pour	70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	BALTIMORE CITY OF COUNTY OF DEATH
death. Page uneral direc	5	Virginia	U.S.	WIDOWED DIVORCED	Worcester
er d with	100	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	126. USUAL OCCUPATION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
by th	CI	Pocomoke	Hartley Hall N		TRACTOR SAICS
Jaryland 212 Jarithin 24 hour plerely filled in nd 2 should be f	3 130	STATE 136 COUI	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	N 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS RT. 13
AM omple	7	WILL	Guy	JULIE	GARDNER GUY
IMORE:	3 160	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES) LULY T 275-40-	RITY NO. 17 INFORMANT	ADDRESS GOI HOME WOOD DA
is, 201 W. PRESTON ST., BA urres that the death certification igned by the attending physic en please remove carbon pape burral, cremation, or removal ury, or other troumatic event, t	z	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE	PO-VASCULAR NCE OF LEPOTIC CA NCE OF DI	ACCIDENT ACCIDE
ALRECORD. he low requous. has been signed to be a prior to constant of the prior to ows any injury.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO
ON OF VITAL TYSICIAN: The ding physicio s certificate burial-transit Mental Hygie or frem 18 sho				Y YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
VISIO	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	211. LOCATION STREET	CITY OR TOWN COUNTY STATE
ENDI tol or or use Heol			of) view the body ofter death.	7 ond that in my (our) opinion	, to, to, 19_81, tho (II) we) lost a death occurred on the date and hour and from the causes stated
0 4 0 0 0		226. SIGNATURE	Santamo	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF 9-4-8/
TO HOSPITAL of retoined by the Should be detoined by the should be detoined by the Shote Elements of the Shote		J. G. Santi		100 8th. St	t., Pocomoke City, Maryland 21851
7 € 5 4 3 ₹	230	BURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN COUNTY STATE
BP	4	ORIAL	7-6-81 FA	IRTIEW LAWN	ONANCOCK ACCOMACK VA.
DHMH-16 30M 2/80 (VRA 15, 4)	24	Tom Willia	-N-ONANCOCK		TEREC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

THE CHARLE TRACE OF STREET Contract of the second of the ASS ILLE TENTH TO THE HARD COPPER. T. SEE MEST ME THE Person St. C. E. MILLIAN PRACT CHRISTIAN STREET The confederation of Mineral and 19877 SEP 14 1881 Burney Jan Minde

	1.	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH REG. NO.										
24		CEASED NAME FIRST GE	ORGE Z	JONES	20 DATE OF DEATH	9 9-		ь. ноик 5 : 15P.					
解)	3 SE	MALE	4 RACE WHITE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNI	IDER 1 YEAR IF	F UNDER 24 HRS					
n 72 ha		RTHPLACE (STATE OR FOREIGN		INTRY? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY O WORCESTE			D. Mr					
filed within		BERLIN	BERLING	NURSING HOME OR OTHER INSTITUTION (RST NG)	12a USUAL OCCUPATION OF WORK FOR MOST OF		NOUSTRY	NS,					
should be		AL RESIDENCE (IF NURSING HO) TATE MD.	OUNTY 136. CITY O	ISB UP 13d. INSIDE CITY LIMITS? YES NO 1 15. MOTHER'S MAIDEN NA	13e STREET ADDRESS	ESTH	ER						
2 Sud 2		ROFERT	- MIDDLE TONE	LAURA LAURA	MICKE	ERSO.	i) AST						
Poges medico	16a V			03-2205 BERLIN NU	JRSING HOM	.00	, BOX	13					
Then please remove corbon to buriol, cremotion, or rem injury, or other troumotic eve	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CON	6V.D.	sinal disease or cont	DITION GIVEN IN	PART 1(a)						
giene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WEI IN CERTIFYING YES	CAUSES OF	S USED DEATH?					
norked or them 18 sho	MEDICAL CEI	216, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAN 21d. INJURY OCCURRED WHILE AT WORK AT WORK AT WORK	F DEATH HOUR A.M. MONT	19 ZII LOCATION	RED (ENTER NATURE OF INJUR		DR PART 2}	STATE					
n 21 is mor		220.1 certify that (1) (this h sow the deceased alive obave, (1) (we) (did) (die	ospital) attended the deceased e on d not) view the bady after death.	, and that in (my) (aur) apinion	, to death occurred on the do		from the cau						
should be detached with the State Dept IMPORTANT: If her		22d. PHYSICAN S NAME OF	NCIS WARREN.	DEGREE ATTENDING PHYSICIAN [22e ADDRESS M.D. BERLIN NUE		FF IAN [22c. DATE SIG	NED 17					
od w w w w w w w w w w w w w w w w w w w	23a 8	SURIAL, CREMATION, REMO		234 NAME OF CEMETERY OR CREMATORY	23d. LOCATION	3URY 00	WIC C	STATE					
0M 2/80 i, 4)	24 FL	NERAL DIRECTOR	FUNERAL XI	DRESS BERLIN AM 250. DS	EREC'D BY REGISTRAR	25b. REGISTRAR	SIGNATUR	as co-					



N	11-	FOR STATE REGISTRAR		M		MENT OF	HEALTH		ENTAL H	YGIENE F DEATH	į.	2. G. NO.	4	9	4	6
COURS	T. DE	CEASED NAMI E OR PRINT)	Joseph		MIDDLE			ckus	Y (10)	2e. DA	TE KNOW	NX	монтн 9	DAY 2	YEAR 19 81	2b. HOUR
ON STREET		hite	4. RACE Male	JUNE 16	, 1936		ARS IF UN MONTH		IF UNDER :	MIN. PRON	OUNCED EAD		9	DAY 2	YEAR 19 81	24 HOUR 1 : 0 a . M
DS 201 W PRESTON ST	B.	RTHPLACE (S REIGHT OF	RE, MD.	76. CITIZEN OF			WIDOW	ED 🗆	VER MARRIE		Worce	este	r Co			MD
当る(4:70)	00	ean Ci	ty /	Ocean F	PKWV. DE	TREET ADDRESS)	Cust	om Wa	v &	APTORN	KING LIFE)		22	ID OF BU	RY
35	13a. S M	ARY LAND		IMORE	13c CITY PIKE	OR TOWN SVILLE	ION) CI	AEXIX	use Dr	3703 P	ARKFI	ELD	RD.	(21	208)	
\$30	>	PHIL	LIP	MIDDLE	PICK			15. MOTH	ER'S MAIDEI FIRST EBA	NAME	WIDDIE				AST	
DIVISION OF	16a V	NO NO OR UNKNO	D EVER IN U.S. AR/	WAR OR DATES)	213	-32-47		MRS.		PICKUS		PAR	KFIE	ELD	RD(2	21208)
PED TO THE CHIEF MEDICAL EXAMINER AGONG 3 SHOULD BE USED AS A BURIAL - IRRANSI FEM DEPARTMENT OF HEALTH AND MEDITAL HYGIBLE I PRIOR TO BURIAL, CREMATION, OR REMOVAL	NO	gave ri cause (a) lying cau	ns, if any, which se to immediate stating the <u>undersectors</u>	(c)	OR AS A CON			OR CONDITIO	N GIYEN IN PAR	T 1 (01.						
E USED AS T OF HEAL URIAL, CR	TIFICATIO	19a. DATE OF	OPERATION	19b. CON	DITION FOR V	WHICH OPER	RATION W	AS PERFOR	MED?						UTOPSY?	NO 🗆
DEPARTMEN PRIOR TO B	MEDICAL CERTIFICATION	UNDERLYING CONTRIBUTII 21d INJURY C	OCCURRED	DEATH P	OF INJURYM. MONTHM. E OF INJURY ACTORY, FARM, EI	19 (AT HOME,	211 LO	OW INJURY	OCCURRED	LENTER NATURE	OF INJURY IN ITE	EM 18 PART	1 OR PART			STATE
AFTER DEATH, WITH THE STATE D BALTIMORE, MARYLAND, 21201		AT WORK	fy that I taak charged fram: Natur	rginia L	Accident	, Su	Autap:	Hamie TITLE (S	Inspection cide PECIFY) istant	, Inqu	d manner [DATE SIGNED	nian	9-3-8	
TO TO	(5	PECIFY)BURI		9-4-81	фне	B SHAL		M. PA	RK		ERSTO				STA	NTE PO
HMH - 17 A15 ME (5))		DIO REI	STERSTOW	LEVINSON N RD. BA	ESSE BRO	S E. MD.	(212	(15)	250. DATE R	1 0 101		REGISTR	ARIS AIC	SNATU	ELLIN	10



9	FOR STATE REGISTRAR	1	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 24947 MEDICAL EXAMINER'S CERTIFICATE OF DEATH							7					
청옷성물다	1. DECEASED NAM (TYPE OR PRINT)	Eugene		modie		Piphe	sť			a. DATE I	REG. NO KNOWN X ESTI- MATED	монтн 9	14	YEAR 1981	26 HOUR
ON STREET	male	white		1957	6. AGE (IN YEAR 24 YR	MONTHS	DAYS	IF UNDER 2	MIN. P	c. DATE RONOUN DEAD	100	MONTH 9		YEAR 1987	2d HOUR 12:22
• 13 3 3 5	76. BIRTHPLACE (Sporting Maryland) 10. CITY OR TOWN		76. CITIZEN OF WHU S. A		E. H.	WIDOWED		VER MARRIE	D D		Warce:	ter	Co	untv	PM MD.
DELAY IS 3 TO THE F IN PAGE 5 BE FILED RDS, 201 W	Ocean Ci	TY (IF IN NURSING FIOME C	Beach OR OTHER INSTITUTION, GIV	Plaza	Mote Mote	1	INSTITUT	IION	FORM	ost of work	ATION (TYPE	cer	Cle	D OF BUI INDUSTR MONS	SINESS
RE, MD. 21201 EATH, IF ANY DELA FES 1, 2, AND 3 TO TA A PM 3. RETAIN PA A MA 2 SHOULD BE FAULTAL RECORDS, 2	Maryland 14. FATHER'S NAM	rinc	ce Geo.	Hyattsville Pipher Itio Social Security No.		e 13	13d. INSIDE CITY LIMITS? YES NO 13e STREET ADDRESS YES NO 15. MOTHER'S MAIDEN NAME GWEN AND ADDRESS Ander 17. INFORMANT ADDRESS			rd Ave	venue				
BALTIMORE, MD. S AFTER DEATH. IF GIVE PAGES 1, 2, TITH FORM PM 3. THE FORM PM 3. INISION OF VITAL	Eugene	D EVER IN U.S. AR	MED FORCES?							ton LAST					
BALTIMORI SS AFTER DE GIVE PAGE THE FORM PITH	YES NO OR UNKNI	Vietr	ly ane couse per line	215	68 783				Piph	er (S	Same as	#1		(Fat	
ITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, A HOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH RD "FENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1 CHES A RADIOL WITH FORM PW. LUSED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND OF HEALTH AND MENTAL HYGIENE, DIVISION OF MILE! CREMATION, OR REMOVAL.	Candition gave recase (a lying con	1 IMMEDIAN 1 IMME	DBY: TE CAUSE (a) GUN DUE TO, OR (b) DUE TO, OR	shot as a cons	Wound SEQUENCE O					andgı	un		BETWI	een Onset	AND DEATH
NF VITAL RECORDS, TE SHOULD BE EXEC WORD "FENDING" TE CHIEF MEDICAL D BE USED AS A BUF ENT OF HEALTH AND D BURIAL, CREMATIC	190. DATE OF	PART 2 DIMER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 gt. 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 210. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 210. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)							YI	JTOPSY?	NO 🗌				
DIVISION OF VITAL RE R: THIS CERTIFICATE SHOULD THE WRITING THE WORD "PE DRWARDED TO THE CHIEF W R: PAGE 3 SHOULD BE USED A E: STATE DEPARTMENT OF HEA DO, 21201 PRIOR TO BURIAL, OF	UNDERLYING CONTRIBUTI 21d INJURY (WHILE AT WORK	NG CAUSE OF E	DEATH 11:36A	M 9/ DE INJURY ORY, FARM, ETC OTE 1	14 1981 (AT HOME, C.)	21f. LOCA	20, Be		azaM	CITY OR TOW	Ocean(CO	Word	Mary	
TO MEDICAL EXAMINER: THE EXCUITE THE CERTIFICATE, PAGE 4 SHOULD BE FORW AFTER DEATH, WITH THE STABLITMORE, MARYLAND, 2	death result	ed fram / Not	orcauses .	Accident	, Suic	de LXX	Hamicie TITLE (SP	ide .	Undeter	mined mai	nner .	DATE		9/15,	/81
TO ME EXECUT PAGE TO FUI AFTER I	EXAMINER'S (TYPE OR PRI 13a. BURIAL, CREMA BURIAL	וויטח חטרווו	nez R. Gua 36 DATE 9/17/81	123r N	D. AME OF CEM Linc	TERY OR C	DRESS	RY	123d. LOC		eet,Ba			2120 ryläi	
620BP	PHUSHUPBE	Gasch's Staville,	ons Funer				2	SEF		1981		RARS	IGNATU	in the	

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named to the form "Christangle .com comin" crome 0 Figure (Street of TS) Craftors

> 9/17/81 . Dt. lincoln Comoteny Reent and L. .. District! repets backlesses Figure 1 loss, 1.1.

	Poge	
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4	
	leath ce	
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	ž	ysicia
	SICIA	ld bu
	G PH	thend
	NON	or o
1	ATTE	retained by the haspital ar attending physician.
	AL OF	the
	SPIT	yd by
	O HC	etaine

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directar, poshould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours offer with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

page 3 er death

moy be

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	REGISTRAR		CERTIFICATE OF BEATTI	REG. NO	O
	ECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
(TYP	PE OR PRINTI	and I	Puseu	Spalm	her 29 1981 5 P
3. SE		RACE	Is. Date OF BIRTH	6. AGE (IN YEARS LAST BIRT	
3. 36	$^{\circ}$	RACE	MONTH DAY YEAR		MONTHS DAYS HOURS MIN
	temale	Caucasian	12 14 189	4 86	YRS.
70 B	BIRTHPLACE (STATE OR FOREIGN 7	b. CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY O	R COUNTY OF DEATH
5/	Maryland	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	1 4/10	recter
10 C	CITY OR TOWN OF DEATH		IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATE	ON 126. KIND OF BUSINESS O
D V	Snow Hill	HACT SAN HUSE	Nursing Home	SOLE OF MOST OF	FWORKING LIFE) INDUSTRY
130	JAL RESIDENCE (IF NURSING HOME OR OS STATE 13b. COUNT	OTHER INSTITUTION, GIVE RESIDENCE BEFORE 13 CLTY OR TOW 25 ter Ocean C	E ADMISSION)	13e STREET ADDRESS	100000
14 F.	ATHER'S NAME	IDDLE LAST	15 MOTHER'S MAIDEN	NAME	IZAL
(4	ZALIAK I	Stura	15 AM	5	Sherkey
	WAS DECEASED EVER IN U.S. ARM		RITY NO. 17 INFORMANT	ADDRE	SS
	(YES, NO OR UNKNOWN) (IF YES, GIVE V	- 16/013	169 Helen P. A	Little Oco	ancity, Hust.
A ES	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	ane cause per line far (o), (b), and	d (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
		CAUSE (a) CARDIO -	RESPIRATORY CES	SATTON	JAMED LATE
	4275	DUE TO, OR AS A CONSEQUE	ENCE OF		
	Conditions, if ony, which	(ince of		
	gove rise to immediate	(b)			
	couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	ENCE OF		
		(c)			
1,	PART 2 OTHER SIGNIFICANT CO) NDITIONS CONTRIBUTING TO E	DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CON	DITION GIVEN IN PART 1(0)
9	INANITION		RIGHT HEMIPARESI.		
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO
5 8	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		JRRED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART 1 OR PART 2)
	OR CONTRIBUTING CAUSE OF DEATH				
Ö	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	211. LOCATION		
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F		CITY OR TOW	N COUNTY STATE
	AT WORK AT WORK				
	220.1 certify that (I) (His hosping	II) attended the deceased from_	5-15-81 19		, 19 <u>Fl</u> , that (1) (
	saw the deceased alive on_	9-29 19	ond that in (my) (opinion	on death occurred an the do	ote and hour and from the couses stated
	22b. SIGNATURE	view the body ofter death.	DEGREE	THE REST OF	22c. DATE SIGNED
40	hutt. 1 7	11.	A. ATTENDING	MEDICAL _ STAF	F 0 00 11
	Determy CI N	esgiria	PHYSICIAN	DIRECTOR PHYSIC	IAN []
	POROTHY	HOLZWORTH	309 TIMM	ws St. Sib	W HILL, No. 2186
230	BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETERY OF CHICAGO	23d LOCATION	I course
	Runial	10-3-81	hristian	Spale	4.11 March
24. F	FUNERAL DIRECTOR	0 01 101		ATE REC'D. BY REGISTRAR	75b. REGISTRAK'S SIGNATURE
	NAME	ADDRESS	11 11 00 1		2 Or-Marther
- 6	basis Francis	Hama In.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	100 h 100 h	IN AME IN THE STREET

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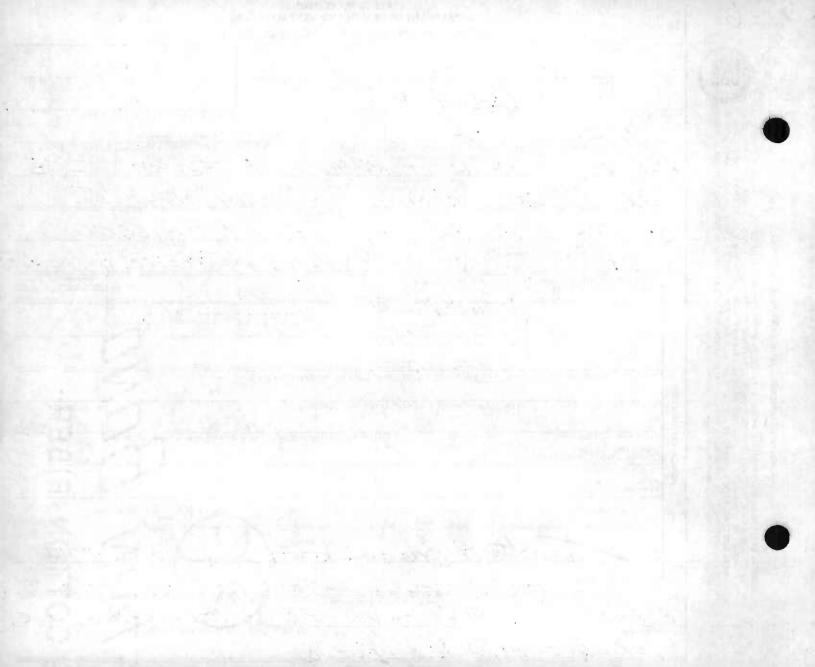
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Funeral

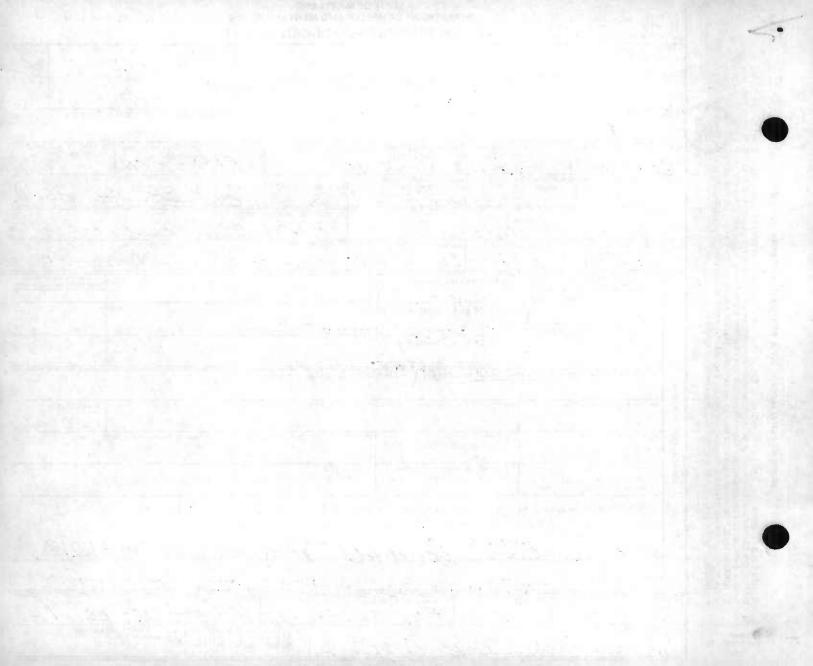
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1		STATE OF MARYLAND	0 4 0
1	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 4	7 4 7
Ι.	REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
	DECEASED NAME FIRST		DAY YEAR 26. HOUR
(TYPE OR PRINT)	OF ESTI-	20. HOOK
-	EX JARACE JOSE	PH (NMI) STREETER JR. DEATH MATED V9/1	2/81 9.34
. 3	EX 4. RACE	DATE OF BIRTH 6. AGE (IN YEARS) IF UNDER 1 YR. IF UNDER 24 HRS. 21. DATE MONTHS DAYS HOURS MIN PRONOUNCED	DAT YEAR IN HOUR
	M	4/ MONTHS DAYS HOURS MIN PRONOUNCED DEAD Q/12/21	19 10.00
7a.	BIRTHPLACE (STATE OR	CITIES OF WHAT COUNTRY 1	
	FOREIGN COUNTRY)	MARRIED A NEVER MARRIED	
10	CITY OR TOWN OF DEATH	WORCESTED	MD.
	Q-01111	1. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOTIN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (Type of Work FOR MOST OF WORKING LIFE)	OR INDUSTRY
Á	EKLIN	RY 113 F RY 40 HITENDANT	ICH
USI	JAL RESIDENCE (IF IN NURSING HOME OR O STATE 136, COUNTY	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. ETY OR FOWN 136. INSIDE (ITY LIMITS? 136 STREET ADDRESS 136 STREET AD	
J 4.	ma Wil	131. STY OR FOWN 138. INSIDE (ITY LIMITS? 130 STREET ADDRESS 1131 YES NO	SV
4.	FATHER'S NAME	15. MOTHER'S MAIDEN NAME	011
		MIDDLE COLLAST SO MOTHER'S MAIDEN NAME	LAST
14	JCISTA S	IKEEIEKI DE, TENNY PHISOI	U
160	WAS DECEASED EVER IN U.S. ARME (YES, NO, OR UNKNOWN) (IF YES, GIVE WAI	D FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS R OR DATES)	11 11
	No	240-60-146 HRICE SIKEFIER,	Nocker on No
7	18. CAUSE OF DEATH (Enter only o	one couse per line far (o), (b), and (c).)	APPROXIMATE INTERVAL
	PART I DEATH WAS CAUSED B	Υ:	BETWEEN ONSET AND DEATH
	O 1 G G IMMEDIATE	CAUSE (a) CARDIAC ARREST MILLTIPLE DID 9 1 50 F	
	Conditions if ony, which	MULTIPLE RIB & LEG F.	X
-	gove rise to immediate	(b) CHEST RAUMA -	
	cause (a) stating the <u>under-</u> lying cause lost.	DUE TO, OR AS A CONSEQUENCE OF	
	7,119 (0030 1031.	(c) AUTO ACCIDENT	4 1000 100
	PART 2 OTHER SIGNIFICANT CONDITIONS COP	NTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).	
Z			
Ž	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	ZD. AUTOPSY?
FIC		THE CONTROL WILLIAM OF EACH COUNTRY.	20. AUTOPST?
RTI	210. EXTERNAL CAUSE WAS	AV THE CONTROL	YES NO V
CE	LINDERLYING TOP	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART I OR PAI	RT 2)
MEDICAL CERTIFICATION	UNDERLYING OR CONTRIBUTING CAUSE OF DEA	ATH P.M. 19	
EDI	21d. INJURY OCCURRED	216 PLACE OF INJURY (ATHOME, 21f. LOCATION	
×	WHILE NOT WHILE T	STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COL	UNTY STATE
	AT WORK		
	22a. I certify that I took charge o	of the remains described abave, held on Autopsy 🔲, Inspection 💢, Inquiry 💢, and in my ap	inian
	death resulted fram: Natural		
		TITLE (SPECIFY)	
	ACTUAL / 1 111	NOW 7 DEPUTY DATE	0/12/01
1	SIGNATURE /	MEDICAL EXAMINER SIGNE	03/1//01
-	EXAMINER'S NAME T	F D M D 10 0 0	0101
	(TYPE OR PRINT) I MOT	THY E. BAINUM M.D. ADDRESS 16TH & PHILA. OCEAN C	ITY Mp. 2181
30.	BURIAL, CREMATION, REMOVAL 236.	DATE 23C NAME OF CEMETERY OR CREMATORY M. LOCATION	ely and the
A	SURIAL C	1-11-81 CUTHVISIO CEM, STOWSTON DEN	EVR Mitthe
24.	FUNERAL DIRECTOR	D ISA DATE NECES BY REGISTINAN ISE REGISTRAR'SS	GNATURE
1	MAME RICH F.	LIEDAL KEDLE REDIEM	
	10000	NUCLUI TONE / DRY/III	



1		STATE OF MARYLAND	4 0 5 0
1	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	4 9 3 0
	REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
177	DECEASED NAME FIRST		MONTH DAY YEAR 26. HOUR
3. 5	TYPE OR PRINT)	OF ESTI-	
	DONAL		9/12/81 9:30A
3. 5	EX 4. RACE	5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 21. DATE N	MONTH DAY YEAR 24 HOUR
	LON ME	MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED DEAD 01	10 (01 : 10 00
4	BIRTHPLACE (STATE OF		12/81 19 10:00A
100	FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR	COUNTY OF DEATH
	1/4,	WIDOWED DIVORCED WORCESTE	FR MD.
10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF	
1 13	(000 P(11)	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	OR INDUSTRY
ILIC	JEKKIN /	107 113 9 PM 10 PK 11 1 E 3 X	^
130	STATE / 113b. COUN	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) TY 134_CITY OR TOWN 134. INSIDE (ITY LIMITS? 136. STREET ADDRESS	1 1 11
3	VA. 1/-	STAUNTON YES NO 1019 SEL	MH BLVO.
14	FATHER'S NAME	15. MOTHER'S MAIDEN NAME	
7	FIRST OF CO	MIDDLE LAST EIRST ACCT MIDDLE	LAST
-	CHOEKT		UINE
160	WAS DECEASED EVER IN U.S. AR/	MED FORCES? (66, SOCIAL SECURITY NO. 17, INFORMANT ADDRESS WAR OR DATES)	
	VES BE	RFH 1224-32-3183 1/186/10/10 S. THE	MISON-TAUCION
-	M. CAUSE OF DEATH (Enter on	y one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL
	PART I DEATH WAS CAUSED	DBY:	BETWEEN ONSET AND DEATH
		E CAUSE (0) CARDIAC & PULMONARY ARREST	
	28177	DUE TO, OR AS A CONSEQUENCE OF	
	Conditions, if any, which	WEN Now O Murane Ev 1500	
	gave rise to immediate cause (a) stating the under-	OUE TO, OR AS A CONSEQUENCE OF	
	lying cause last.	BOL TO, OK AS A CONSEQUENCE OF	
		(c) AUTO ACCIDENT	
	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0).	-,
1 2			
1 5	19s. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
2 8	March State of the Control of the Co		
CEPTIEICATION	a Povential Callegaria		YES NOX
1 8	21a EXTERNAL CAUSE WAS	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART	T 1 OR PART 2)
1	UNDERLYING OR CONTRIBUTING CAUSE OF D		
MEDICAL	21d. INJURY OCCURRED	216 PLACE OF INJURY (ATHOME, 211 LOCATION	
1 3		STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN	COUNTY STATE
	AT WORK AT WORK		
2	22g certify that I took chara	e of the remains described abave, held an Autopsy 🔲, Inspection 💢, Inquiry 💢, and in	n my apinian
7			тту ортоп
T.	death resulted fram: Natur	al causes, Accident, Suicide, Hamicide, Undetermined manner,	
	ACTUAL /	TITLE (SPECIFY)	0 /10 /01
	SIGNATURE AM	1919 MELINILLAND, DEPUTY MEDICAL EXAMINER	DATE 9/12/81
2		MEDICAL EXAMINER	31011120
4	EXAMINER'S NAME -	T. DATALLA M.D. 16TH O DITLA OCTA	IN CITY, MD.
-	(TYPE OR PRINT) IMOT		יתון כוווס וועי
230	BURIAL, CREMATION, REMOVAL 2	36. DATE 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION	COUNTY STATE
	BURIHL	7-15-81 MILL CREEK CEM BOTETOUR	CT CON VA.
24.	FUNERAL DIRECTOR	ADDRESS 250. DATE REC'D. BY REGISTRAR 255. REGISTR	PAR'S SIGNATURE
1	INAME RICH FRE	COLADDRES BED BED BEP 16 1981	0
	L-NICH TON	EXHE NEVES (JEXCLAN) IP,	



DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 26. DATE KNOWN GEORGE WESLEY ESTI-YOUNG DEATH MATED X SEX 4. RACE 6. AGE (IN YEARS | IF UNDER 1 YR. 5. DATE OF BIRTH NONTH MANCH 123 JE LINDER 24 HRS 2d HOUR 2c. DATE LAST BIRTHDAY PRONOUNCED Male aucasian 1919 DEAD 62 YRS 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED XX NEVER MARRIED Washington, WIDOWED DIVORCED United States 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION format Energy SANDS HAL COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Montgomery Bethesda 9215 Topeka St YESXX NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE George W. Young. Emma Shelton 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO. ADDRESS DIVISION Yes 577-07-2052 Eileen M. Young Same as 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ARDIOPULMONARY ARREST IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG DIVISION OF VITAL RECORDS, OF COLOSTOMY, EMPHESEMA CLOSURE CERTIFICATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? OF CLOSURE OF COLOSTOMY YES NO K BE 21g. EXTERNAL CAUSE WAS 216. TIME OF INTURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 218 PLACE OF INJURY LATHOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection EXECUTE THE CÉRTÍFICAT PAGE 4 SHOULD BE FO TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE BALLIMORE, MARYLAND, death resulted from: Natural couses Accident Suicide Hamicide Undetermined monner SIGNATURE EXAMINER'S NAME 16тн. PHILA, AVE. OCEAN TYPE OR PRINT) 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23 23¢. NAME OF CEMETERY OR CREMATORY Arlington, Varyginiastate Arlington National Burial Robert A Pump A. Bethesda, 24. FUNERAL DIRECTOR Pumphrey Funeral 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNA 1884 Keithen **DHMH - 17** 1981 VR A15 ME (5)) Maryland P.A. Homes. 30M 7/73

STATE OF MARYLAND

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